

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>1071666026</u>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		1		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9		1		1			59				
10		2		2			60				
11		2		2			61				
12			1				62				
13							63				
14							64				
15							65				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		2				TOTAL IND.				
TOTAL DEP.	10		11				TOTAL DEP.				
TOTAL CLAIMS	11		13				TOTAL CLAIMS				